



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIRECTOR'S OFFICE  
GRANT MANAGEMENT UNIT  
4126 Technology Way, Suite 100  
Carson City, Nevada 89706

**The Contingency Account for Victims of Human Trafficking (VHT)  
Emergency Services Request Form**

Submit to [GMU@dhhs.nv.gov](mailto:GMU@dhhs.nv.gov)

Date: \_\_\_\_\_

Agency Requesting Funds: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Client Information**

Client Identification Code: \_\_\_\_\_  
(please do not use client name or social security number)

Client's Location  
County: \_\_\_\_\_ City: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

- \_\_\_\_\_ Hispanic, Latino or Spanish Origin
- \_\_\_\_\_ Not Hispanic, Latino or Spanish
- \_\_\_\_\_ White
- \_\_\_\_\_ Black African American
- \_\_\_\_\_ American Indian/Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Native Hawaiian/Pacific Islander
- \_\_\_\_\_ Multi-race (two or more of the above)

